									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10)	7 7	7 33	24	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTI	TY]	OR	OTHER		
TOTAL CLAIMS			レン	4				RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE 3	85.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			₩ minus 20=		· M			X\$ 9=	=		OR	X\$18=	っし	
INDEPENDENT CLAIMS			minus 3 =		* 4			X43=			OR	X86≃	344	
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=			OR	+290=		
* 11	the difference	e in column 1 is	less than zero, enter "0" i						_		OR	TOTAL	1186	
	CLAIMS AS AMENDED - PART II										10.,	OTHER	THAN	
	, (Column 1) (Column 2) (Column							SMALL ENTITY			OR	SMALL		
AMENDMENT A	29/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA	·	RATE	TIC	DDI- ONAL EE		RATE	ADDI- TIONAL FEE	
NDW	Total	. 24	Minus	** 2	4	= /		X\$ 9=			OR	X\$18=		
AME	Independent	<u> 7</u>	Minus	***	7	=/		X43=			OR	X86=		
	FIRST PRESENTATION OF MULT		JUIPLE D	IPLE DEPENDENT		/- - 		+145=			OR	+290=		
		,					٠ .	TOTA				TOTAL ADDIT, FEE		
	. (Column 1) (Column 2) (Column							ADDII. PE	:		•	ADDIT. FEET		
AMENDMENT B	10/1/04	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE	
	Total ·	. gy	Minus	- J	4	=		X\$ 9=			OR	X\$18=		
	Independent	* 7	Minus		<u>Z</u>	= /		X43=			OR	X86=		
L	FIRST PRESE	INTATION OF MC	ILTIPLE D	EPENDENT	· ·	<u>/ L </u>		+145=			OR	+290=		
	TOTAL ADDIT, FEE										OR	TOTAL	·	
(Column 1) (Column 2) (Column 3)									t. L		,	ADDIT. FEE		
	`		HIGH	EST		Г		ΙΔΓ	DDI	1		ADDI-		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIC	NAL EE		RATE	TIONAL	
	Total	*	Minus	**		= .		X\$ 9=			OR	X\$18= .		
	Independent	*	Minus	***		=		X43=	1		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						-		+-					
+145=											OR	+290=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR ,	TOTAL ADDIT, FEE	·	
		tiber Previously Paid					r four	nd in the a	ppropr	iate box	in colu	ımn 1.		